Hallways to Health Impact Assessment

Your Background

1. In which school do you work? *
☐ JFK High School ☐ Lake Forest Elementary ☐ Merlo Station High School ☐ Milwaukie High School
C Northwood High School C Other - Write In
C Rice Elementary School C Roosevelt Middle School C San Fernando High School C St. Frances Academy
C Turner Elementary School C Washington Middle School C Whitefoord Elementary School
2. What is your role(s) at this school? Check all that apply. *
☐ Health educator ☐ Nurse practitioner ☐ Physician ☐ Physician Assistant ☐ School nurse or health aide
☐ Teacher ☐ Special Education Teacher ☐ Administrator ☐ Counselor, psychologist, social worker
☐ Other SBHC provider ☐ Other, please specify *

3. Plant		hich academic years you've worked on o	r with the Hallways to Health Initiative (c	heck all that
	2016/2017			
	2015/2016			
	2014/2015			
	2013/2014			
	•	sponsibilities for services or instruction related afety in your school? Check all that apply	· •	n, discipline,
	I help plan or dev	relop school health polices, services and/or instru	tion	
	I provide direct he	ealth or wellness services		
	I work directly wit	h the SBHC		
	I work directly wit	h the Hallways to Health Initiative		
	Other : Please sp	pecify	*	
takeh	older Involvement			
5. Pl	•	STAKEHOLDER INVOLVEMENT of tead	hers, students, and parents/guardians in	n school
At o	ur school *			
		BEFORE or at BEGINNING of Hallways to	Today *	Please provi

Please provi

Today *

		He	alth *					any commen			
	Strongly disagree	Disagree	Agree	Strongly agree	Not sure	Strongly disagree	Disagree	Agree	Strongly agree	Not sure	to help expla the change of time.
Teachers refer students to the SBHC for services	О	O	O	0	0	O	О	0	0	0	
Teachers participate in SBHC sponsored activities (clinical and school-wide)	О	0	0	0	0	0	О	0	0	0	
Teachers allow class time for SBHC staff to provide health education or other wellness programs	О	O	O	O	o	О	О	O	O	o	
Students participate in school-wide SBHC sponsored activities and programs	О	O	О	O	О	O	С	O	O	O	
Students know about SBHC services	О	O	О	O	O	C	O	О	C	o	

Students utilize SBHC services C C C C C C C C C C C C C C C C C C C												
provide consent (if needed) for their c C C C C C C C C C C C C C C C C C C		O	O	O	О	O	0	O	О	О	0	
participate in SBHC sponsored C C C C C C C C C C C C C	provide consent (if needed) for their children to use the	O	O	О	O	O	O	O	С	О	0	
	participate in SBHC sponsored family activities	O	C	С	O	O	O	O	С	C	O	

Stakeholder Involvement Continued

6. Please report on **STAKEHOLDER INVOLVEMENT** of school administration and community agencies in school health.

At our school... *

BEFORE or at BEGINNING of Hallways to
Health *

		Strongly disagree	Disagree	Agree	Strongly agree	Not sure	Strongly disagree	Disagree	Agree	Strongly agree	Not sure	the change over time.
School adminis promote school h policies	es nealth	0	0	0	O	0	0	0	O	O	0	
School adminis supports SBHC e	3	O	0	O	O	0	0	O	0	0	O	
School adminis meets regularly the SBH staff	y with	0	0	0	0	0	0	0	0	0	0	
School administ provides requeste support SBHC	s ed	O	0	O	O	0	O	O	0	0	O	
Local commur agencie receive referrals the SBH	s from	O	0	0	O	0	O	O	0	O	O	

Local community agencies provide clinical services at the SBHC (such as FQHC, behavioral health provider, etc.)	C	C	C	C	C	C	C	C	O	O	
Local community agencies offer school-wide health and wellness programs (such as YMCA, Boys & Girls Club, yoga teachers, etc.)	O	O	O	O	О	0	O	С	С	O	

School-Wide Health Policies, Protocols, and Programs

7. Please report on your SBHC's Involvement in **SCHOOL-WIDE HEALTH POLICIES/PROGRAMS**.

Our SBHC... *

BEFORE or at the BEGINNING of Hallways to Health *							TODAY *			Please provide any comments to
Strongly	Agree	Disagree	Strongly	Not	Strongly	Agree	Disagree	Strongly	Not	help explain the change over time

	agree			uisagiee	Suite	agree			uisagiee	Suite	
Is involved in decision-making regarding school health programs and policies.	O	О	O	O	0	O	O	0	О	0	
Is part of a school-wide committee that meets at least monthly.	O	О	0	O	0	O	0	O	O	0	
Communicates with school staff (i.e. school nurse or school counselor) to avoid duplication and to improve coordination of care.	O	C	C	C	O	C	C	C	C	C	
Works with our school to conduct needs assessments to ensure that school health services, including referral systems to community services, meet	0	O	O	O	O	0	O	0	0	O	

	the student health needs.											
	Is sought after by the school/school district to pursue joint funding opportunities or expand health programs and services.	O	O	•	O	O	0	O	O	O	C	
4)

Student Social and Emotional Wellness

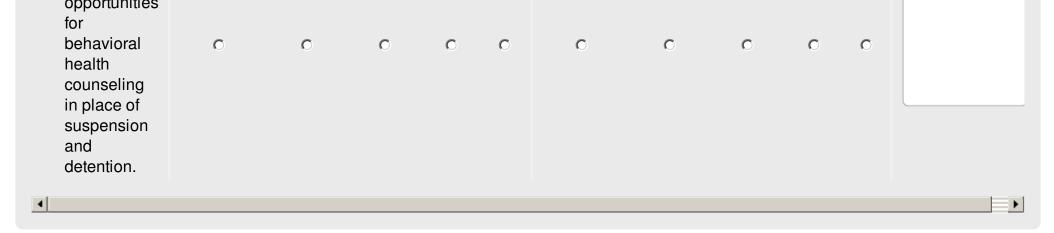
8. Please report on your STUDENT SOCIAL & EMOTIONAL WELLNESS programs and policies.

Our school or SBHC.... *

	BEFORE		EGINNING ealth *	of Hall	ways		TOD	AY *			Please provide	
	Not considered	In planning	Partially in place	Fully in place	Not Sure	Not considered	In planning	Partially in place	Fully in place	Not sure	any comments to help explain the change over time	
Provides clinical behavioral health assessments and screenings.	О	0	0	O	0	О	O	O	O	O		
Provides												

behavioral health assessments and screenings to identify youth with behavioral health needs.	O	•	C	O	C	C	C	O	0	C	
Provides school-wide behavioral health assessments and screenings to identify youth with behavioral health needs.	O	0	С	O	O	C	O	C	0	O	
Provides access to behavioral health counseling and support services to all students, either on-site or through referrals.	•	•	O	O	O	O	0	0	O	O	
Emphasizes teaching relaxation and stress-reduction											

techniques to students through programs such as meditation or yoga.	О	C	0	O	0	О	0	O	O	O	
Ensures access to behavioral health groups for students in need of extra support.	О	C	С	0	O	С	С	О	0	O	
Provides school-wide programs to improve student social and emotional wellness.	О	0	O	O	O	О	O	O	O	O	
Provides school staff with professional development to help them support students with behavioral health needs.	C	0	C	O	C	O	C	C	O	O	
Emphasizes mindfulness, conflict resolution, or											



Student Healthy Eating and Active Living

9. Please report on your **STUDENT HEALTHY EATING & ACTIVE LIVING** programs and policies.

Our school or SBHC... *

	BEFORE o	or at the BE to He		of Hally	ways		Please provide				
	Not considered	In planning	Partially in place	Fully in place	Not sure	Not considered	In planning	Partially in place	Fully in place	Not sure	any comments to help explain the change over time
Has a policy or protocol to conduct Body Mass Index (BMI) screenings for SBHC clients.	O	0	0	0	O	0	0	0	0	O	
Has a policy or											

conduct BMI screenings for all students.	C	C	O	O	O	O	C	C	О	0	
Has a policy or protocol to provide follow-up services to students with high BMI results.	O	O	O	С	O	O	O	O	О	0	
Has a policy or protocol to conduct food insecurity screenings in the SBHC.	0	O	O	O	O	•	O	0	О	0	
Has a policy or protocol to conduct food insecurity screenings to all students.	O	O	O	O	O	O	O	0	О	O	
Has a policy or protocol to provide school-											

|--|

Student Healthy Eating/Active Living Continued

10. Please report on your **STUDENT HEALTHY EATING & ACTIVE LIVING** programs and policies.

Our school or SBHC... *

	BEFORE o	or at the BE to He		ways		Please provide any comments to					
	Not considered	In planning	Partially in place	Fully in place	Not sure	Not considered	In planning	Partially in place	Fully in place	Not sure	help explain the change over time
Has a policy or protocol to conduct Body Mass Index (BMI) screenings for SBHC clients.	C	C	C	C	C	C	c	C	C	С	
Has a school garden that involves students, shares produce with students, and/or that	O	C	C	O	C	C	C	C	O	C	

students about nutrition.											
Has implemented healthy food polices that limit/restrict unhealthy foods from being sold or given to students at school.	0	O	O	O	0	O	O	O	O	O	
Provides a school breakfast program that ensures all students have access to a healthy breakfast.	O	•	O	O	0	O	O	O	O	0	
Offers students opportunities for physical activity during school hours.	0	O	0	O	0	0	0	O	O	O	
Offers students opportunities for physical activity before/after school	O	•	O	O	0	O	O	O	O	0	

School Employee/Staff Wellness

11. Please report on your **STAFF WELLNESS** programs and policies.

Our school or SBHC... *

	BEFORE o	or at the BE to He		of Hallv	vays		Please provid any comments				
	Not considered	In planning	Partially in place	Fully in place	Not sure	Not considered	ln planning	Partially in place	Fully inplace	Not sure	help explain th change over tin
Assesses the needs of school staff to design school staff wellness strategies with their needs/wants in mind	0	C	C	O	O	C	O	C	C	C	
Promotes school staff nutrition by offering healthy food at meetings and through staff appreciation events and/or providing	O	C	O	0	O	O	c	0	O	O	

nutrition education through bulletin board or email postings.											
Promotes school staff physical activity and stress reduction through chair massages, yoga classes, mindfulness exercises, walking clubs, and/or other exercise opportunities.	•	O	0	0	c	0	O	0	O	C	
Provides school staff with access to clinical services through the SBHC, such as flu shots, blood pressure screenings, health education, etc. (for providers	0	C	C	O	C	C	C	C	C	C	

licensed to see adults and in sites where this is allowed)

